

for some time before there was any well marked swelling. (2) An evening rise of temperature. (3) The abdominal swelling is often not symmetrical, and the tympanitic note which marks the site of the colon floating in the fluid, which is present in ordinary ascites, is usually wanting in peritonitis, as the colon is often tied down by adhesions or covered by the thickened peritoneum. One loin may be unusually tympanitic on account of the intestines being bound down more on one side than the other. (4) After a tapping, thickened peritoneum should be searched for. (5) The condition of the lungs. If in a doubtful case a tubercular affection of the lung could be determined, or if the physical signs of pleuritic effusion were found it would go far to settle the diagnosis in favor of chronic tubercular peritonitis.

The fact that when cirrhosis of the liver and tubercular peritonitis coexist the former precedes the latter, seems to be confirmed by the records brought forward by Dr. Fenwick, for in each case the symptoms of cirrhosis first made their appearance. In two there had been hæmatemesis two or three years before the commencement of the fatal illness, in another there had been an attack of severe epistaxis, and in all there were well marked symptoms of declining health previously to the appearance of the ascites. These cases were all admitted into the hospital on account of ascites, attended by loss of flesh and strength, and no mention is made in any of the records that tubercular peritonitis was suspected. In one instance severe pain of the hypochondrium attracted notice; in another, abdominal pain, which was acute enough to induce the patient to lie with his knees raised; whilst in a third, symptoms of peritonitis only showed themselves after the abdomen had been tapped. Along with the ascites the veins on the front of the abdomen were enlarged, and in two of the cases a hard tumor was discovered in the umbilical region. The pulse was quickened in all, and in all the temperature rose to 101° or 102° in the evenings, sinking to 99° in the mornings. All of them after death presented tubercular changes in the lungs, although there is no record, excepting in one case, of physical signs during life indicating this condition.